



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

TRIP REPORT

Traveler's Name: _____ Position Title: _____
Unit/Department: _____

Trip Objective: _____

Highlights: (Minimum data contents: How was objective met; What was learned; How can RCUOG/UOG benefit from trip; How trip relates to RCUOG/UOG responsibility)

Possible Application of Knowledge Gained: _____

Follow Through Action/s, as Necessary: _____

Signature and Approval

Traveler's Signature Date

Immediate Supervisor's Name Title Signature Date